

Preparing for the Flu

(Including 2009 H1N1 Flu)

A Communication Toolkit for Child Care and Early Childhood Programs



Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs

The purpose of “Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs” is to provide information and communication resources to help center-based and home-based child care programs, Head Start programs, and other early childhood programs implement recommendations from CDC’s *Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009-2010 Influenza Season*.

The toolkit includes:

- ▶ **Questions and Answers** about CDC’s *Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009-2010 Influenza Season*
- ▶ **1 Fact Sheet for Early Childhood Program Providers**
 - *Action Steps for Child Care and Early Childhood Program Providers to Prevent the Spread of Flu*
- ▶ **3 Fact Sheets to Inform Parents**
 - *Action Steps for Parents to Protect Your Child and Family from the Flu*
 - *Action Steps for Parents of Children at Higher Risk for Flu Complications*
 - *Action Steps for Parents if Early Childhood Programs are Closed or Children are Sick and Must Stay Home*
- ▶ **1 Poster for Child Care Centers to Remind Parents to Keep Sick Children at Home**
 - *STOP! Do You Feel Sick?*
- ▶ **4 Template Letters (or E-mails) to Send to Parents**
 - *If Your Child is Not Feeling Well*
 - *Steps the Child Care or Early Childhood Program is Taking Now*
 - *Child Care or Early Childhood Program is Suspended*
 - *Child Care or Early Childhood Program has Re-Opened*
- ▶ **Additional Communication Resources for Child Care and Early Childhood Programs**

Questions and Answers about CDC's *Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009-2010 Influenza Season*

About the Guidance for Child Care and Early Childhood Programs

Q. How does CDC's new guidance differ from the previous guidance for child care programs?

This new guidance applies to any flu virus circulating during the 2009-2010 flu season, including seasonal and 2009 H1N1 flu. It recognizes the need to balance the risks of illness among children and early childhood program staff in center- and home-based child care programs, Head Start programs, and other early childhood programs with the benefits of keeping children in early childhood programs. It offers specific steps for early childhood program providers and parents to take given the current flu conditions as well as for more severe flu conditions. The new guidance also provides information for making decisions at the community level about when to use these strategies aimed at early childhood programs.

In addition, this guidance recommends that, based on current flu conditions, early childhood program staff and children with flu-like illness stay home until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen). This is a shorter time period from the previous guidance which recommended that sick early childhood program providers and children stay home 7 days after symptoms begin. The 7 day period away from early childhood programs for sick children and early childhood program providers would still be recommended under more severe flu conditions.

Q. How is the term "early childhood program" used in this guidance?

For the purpose of this guidance, "early childhood program" refers to any setting that involves care for a group of young children, such as center- or home-based child care programs, Head Start programs, and other early childhood programs. This guidance applies to the whole early childhood program including services for older children.



Q. Why should early childhood programs be concerned about the flu?

Children under the age of 5 are at higher risk for complications from flu, and severe flu complications are most common in children younger than 2 years old. Infants younger than 6 months old are a particularly vulnerable group because they are too young to get the seasonal flu or 2009 H1N1 flu vaccine.

So far, with 2009 H1N1 flu, the highest number of cases has been in people between the ages of 5 and 24 years old. Some early childhood programs provide after school programs to children in this age group. The second highest number of cases of 2009 H1N1 flu has been in children younger than 5 years old.

Q. How will CDC help early childhood programs and communities decide what steps to take?

CDC and other public health agencies will be monitoring national data on the number of people seeking care for flu-like illness. CDC will also look at the geographic spread of flu-like illness and changes in the virus. By comparing data with historical seasonal flu trends and trends during the H1N1 flu situation in spring 2009, CDC will be able to provide advice to state and local agencies on appropriate steps to take. Since the impact of flu in fall and winter 2009-2010 will likely vary from community to community, early childhood program providers should check with state and local health officials for information and guidance specific to their location.

State and local public health officials will work with community partners to consider:

- ▶ who needs to be involved in the decision-making process, and include those people in regular communications,
- ▶ severity of the flu and its impact in the community and early childhood programs,
- ▶ capacity of the healthcare system to respond to local outbreaks, and
- ▶ the goals, feasibility, and community's acceptability of action steps being considered.

Steps for Early Childhood Programs to Help Prevent the Spread of Flu during Current Flu Conditions

Q. What steps can early childhood programs take to keep children and program staff healthy?

- ▶ Encourage all early childhood program staff to get vaccinated for seasonal flu and 2009 H1N1 flu according to CDC recommendations when vaccines become available. Most staff who work in early childhood program settings are in the priority group for vaccination when it becomes available. Also encourage parents to get their children vaccinated. For more information about priority groups for vaccination, visit www.cdc.gov/h1n1flu/vaccination/acip.htm and www.cdc.gov/flu/protect/keyfacts.htm.
- ▶ Encourage early childhood program staff to stay at home if they are sick with flu-like illness. Ask parents to keep children home if they are sick. Staff and children should stay home until they are free of fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) for at least 24 hours, without the use of fever-reducing medicines.
- ▶ Conduct a daily health check of children and staff. Watch children and staff for signs of illness. If they are sick, take their temperatures and ask about symptoms.
- ▶ Move children and staff who become sick at the early childhood program to a separate, supervised, space which separates them from others by at least 6 feet until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask to sick staff members to wear if they can tolerate it. Visit www.cdc.gov/h1n1flu/guidance_homecare.htm for more information on caring for someone who is sick.
- ▶ Encourage respiratory etiquette by providing staff and children
 - education and reminders about covering coughs and sneezes, and
 - easy access to tissues and trash cans.
- ▶ Remind staff and children to practice good hand hygiene and provide the time and supplies (such as running water, soap, and paper towels) for children and staff to wash their hands.
- ▶ Routinely clean surfaces and items that children frequently touch with their hands or mouths, or that come in contact with their body fluids. Wipe these surfaces with a household disinfectant that is usually used, following the directions on the product label. Additional disinfection of these surfaces beyond routine cleaning is not recommended.
- ▶ Communicate and instruct staff and parents of children in early childhood programs to get medical care for themselves or for their children immediately if they get sick and are at higher risk of flu complications, are concerned about their illness, or develop severe symptoms. Early treatment with flu antiviral medicines can decrease the risk of severe illness from flu.
- ▶ Consider closing the early childhood program if flu transmission is high in the community. Work closely with local public health officials to decide if the early childhood program should be closed temporarily.

Q. What can an early childhood program do to prepare for flu response during the 2009-2010 flu season?

- ▶ Examine and revise, as needed, current flu (or crisis) response plans.
- ▶ Update contact information for parents so they can be easily contacted if they need to pick up their sick child.
- ▶ Be aware if a child in their care has an underlying health condition that would put the child at particularly high risk of flu complications.
- ▶ Develop contingency plans to cover key positions when staff are sick or caring for family members at home.
- ▶ Identify and establish a point of contact with the local public health agency.
- ▶ Set up a separate space for care of sick students or staff which will separate them from others by at least 6 feet until they can be sent home.
- ▶ Display and distribute educational materials to encourage hand hygiene and respiratory etiquette. See tools available at www.flu.gov.
- ▶ Help families and communities understand the important roles they can play in reducing the spread of flu.
- ▶ Encourage parents to plan for alternate child care in case the early childhood program closes.

Q. What is a daily health check?

Early childhood programs should perform a daily health check for all children and staff upon or soon after arriving at the facility. The purpose of the daily health check is to observe and assess the child's overall health. Trained and experienced early childhood program providers can be a valuable resource to parents, especially new parents who may not recognize their child is ill and should be examined by a pediatric health care provider. Young children may not be able to communicate that they are not feeling well.

The daily health check should consist of watching the child and talking with parent and child.

During the daily health check the early childhood program provider should look for:

- ▶ a change in the child's behavior (crankiness, unusual crying, decreased appetite, or a lack of interest in playing),
- ▶ a report of illness in the child or family member,
- ▶ a report of a recent visit to a health care provider by the child or family member, and
- ▶ any signs or symptoms of flu: feeling warm to the touch, fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. Some people may also have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.

An example of how to perform daily health checks can be found at: www.bmcc.edu/Headstart/Trngds/Diseases/pg91-108.htm

Q. What can early childhood program providers and parents do to help young children wash their hands?

Early childhood program providers should

- ▶ provide enough time for all children and staff to wash their hands whenever needed;
- ▶ have soap, running water, paper towels, and a trash can that is easy to reach; and
- ▶ educate families, children, and staff about the importance of and proper methods for cleaning hands.

Parents and early childhood program providers must wash the hands of children who cannot yet wash themselves, and closely monitor children who have not yet mastered proper hand hygiene.

For example, when teaching young children how to wash their hands:

- ▶ turn on the water;
- ▶ wet their hands;
- ▶ apply a good amount of soap and lather up;
- ▶ focus on having them wash their hands for about 20 seconds—about the time it takes to sing “Happy Birthday” twice;
- ▶ wash the front of the hands, the back, in between the fingers, around the nails, and then rinse everything off; and
- ▶ wipe their hands dry—preferably with something disposable such as a paper towel, and then use that to turn off the tap.

Visit www.cdc.gov/cleanhands for more information on hand hygiene.

Q. What steps should be followed in early childhood program settings when soap and running water are not available?

When soap and running water are not available (such as during a field trip) use an alcohol-based hand cleaner.

However, some places may not allow alcohol-based hand cleaners in early childhood program settings because they can be toxic if swallowed. If alcohol-based hand cleaners are used, they should be kept in a location that children cannot reach, but adults can access when they need to dispense it.

If soap and water are not available and alcohol-based products are not allowed in the early childhood program facility, other hand hygiene products that do not contain alcohol may be useful.

Q. Can the virus live on surfaces, such as toys, cots, or playground equipment?

- ▶ Yes, flu viruses may be spread when a child touches droplets left by coughs and sneezes on hard surfaces (such as doorknobs or tables) or objects (such as toys or markers) and then touches his or her mouth or nose. However, it is not necessary to disinfect these surfaces beyond routine cleaning.
- ▶ Clean surfaces and items that are more likely to have frequent hand or mouth contact with cleaning agents that are usually used in these areas. Some states and localities have laws about specific cleaning products used in early childhood programs. Early childhood program providers should contact their state health department and department of environmental protection for additional guidance.

Q. What can families do to keep their children and others from getting sick and spreading flu?

Families can keep from getting sick with flu in four ways:

- ▶ Getting children from 6 months-5 years of age vaccinated for seasonal flu and 2009 H1N1 flu when vaccines become available. People who care for a child younger than 6 months old also should be vaccinated. Vaccines should be considered for anyone who is at higher risk for complications from seasonal flu or 2009 H1N1 flu. For more information about priority groups for vaccination, visit www.cdc.gov/h1n1flu/vaccination/acip.htm and www.cdc.gov/flu/protect/keyfacts.htm
- ▶ Practicing good hand hygiene. Wash your hands often with soap and water, especially after coughing or sneezing. Help your children wash their hands.
- ▶ Practicing respiratory etiquette. The main way that the flu is thought to spread is from person to person in the droplets produced by coughs and sneezes, so it's important to cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder, not into your hands. Teach your children how to do this.
- ▶ Staying home if you're sick. Keeping sick children at home means that they keep their viruses to themselves rather than sharing them with others.

Families must take personal responsibility for helping to slow the spread of the virus by practicing these steps to keep from getting sick with flu and protecting others from getting the flu.

Q. Should our early childhood program require a note from a health care provider to allow children who have been ill to return to the program?

No, a note from a doctor's office or health care provider should not be required. Health care facilities may be very busy during flu season and it will be hard to provide these notes. Under current flu conditions, if a child has symptoms of flu they should stay home until they are free of fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) for at least 24 hours, without the use of fever-reducing medicines. This is usually about 3 to 5 days.

Under more severe flu conditions, children with symptoms of flu should stay home for at least 7 days, even if symptoms go away sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.

Q. Does a staff member need a note from their health care provider to prove that they are sick and need to stay home or that they are healthy and can return to the early childhood program?

No, a note from a doctor's office or health care provider should not be required. Health care facilities may be very busy during flu season and it will be hard to provide these notes. Under current flu conditions, if a staff member has symptoms of flu they should stay home until they are free of fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) for at least 24 hours, without the use of fever-reducing medicines. This will usually be about 3 to 5 days.

Under more severe flu conditions, staff with symptoms of flu should stay home for at least 7 days, even if symptoms go away sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.

Q. What should parents do if there is a case of 2009 H1N1 flu in their early childhood program?

Early childhood programs can be challenging places to prevent the spread of flu. Young children are vulnerable to infections and are at higher risk for complications from flu. Children are in constant contact with one another, sharing toys and other items. It is also hard for children to understand and practice good hand washing and covering of coughs and sneezes. It is not possible to completely prevent the spread of infectious diseases, like flu, in early childhood program settings. No policy can keep everyone who is infectious out of these settings. Parents should watch their children carefully for signs and symptoms of flu and keep them home if they become sick.

Adults and Children at Higher Risk for Complications

Q. Which children and staff are at higher risk for complications from flu?

Anyone (even healthy people) can get the flu (seasonal and 2009 H1N1), and anyone can have serious problems from the flu. Some groups are at higher risk for complications from the flu. These include children younger than 5 years of age (children in early childhood programs are usually in this age group), pregnant women, people of any age with chronic health conditions (such as asthma, diabetes, or heart disease) and people 65 years of age and older. Among children younger than 5 years old, the risk for severe complications from flu is highest among children younger than 2 years old.

Q. Who should receive a flu vaccination?

As always, vaccines will be available this year to protect against seasonal flu. Children 6 months through 18 years of age, people of any age with certain chronic medical conditions (such as asthma, heart disease, or diabetes), and everyone age 50 and older should be vaccinated against seasonal flu as early as possible. Information about seasonal flu vaccine can be found at: www.cdc.gov/flu/protect/keyfacts.htm.

The 2009 H1N1 flu vaccine should be available later in the fall of 2009. Certain groups at higher risk for complications from this flu are recommended to get the 2009 H1N1 flu vaccine when it first becomes available. These groups include:

- ▶ pregnant women,
- ▶ people who live with and care for children younger than 6 months of age,
- ▶ healthcare and emergency medical services personnel,
- ▶ people between the ages of 6 months and 24 years, and
- ▶ people ages 25–64 years of age who have certain chronic health conditions (such as asthma, heart disease, or diabetes) or compromised immune systems.

Information about 2009 H1N1 flu vaccination can be found at: www.cdc.gov/h1n1flu/vaccination.

Q. What actions should pregnant staff take to protect themselves from the flu?

Pregnant women should follow the same guidance as the general public related to staying home when sick, hand hygiene, respiratory etiquette, and routine cleaning.

Pregnant women should know that they are a priority group to receive the 2009 H1N1 flu vaccine when it becomes available. Seasonal flu vaccine is also recommended for pregnant women and can be given at any time during pregnancy.

Pregnant women are at higher risk of complications from flu and, like all people at higher risk, should speak with their health care providers as soon as possible if they develop flu-like symptoms. Early treatment with antiviral flu medicines is recommended for pregnant women who have the flu; these medicines are most effective when started within the first 48 hours of feeling sick.

If the flu conditions become more severe, pregnant women may want to withdraw their children from early childhood programs or stop working temporarily if they are an early childhood program provider.

Flu Symptoms

Q. What are the symptoms of seasonal flu and the 2009 H1N1 flu?

The symptoms of seasonal and 2009 H1N1 flu virus include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. Some people may also have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.

Q. How do I recognize a fever or signs of a fever?

A fever is a temperature measured by mouth with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). Look for these possible signs of fever: if he or she feels very warm, has a flushed appearance, or is sweating or shivering.

Q. How do I know if a child has 2009 H1N1 flu or seasonal flu?

It will be very hard to tell if someone, including a child, is sick with 2009 H1N1 flu or seasonal flu. Public health officials and medical authorities will not be recommending laboratory tests. Anyone who has the symptoms of flu-like illness should stay home and not go to work.

Some children may not be able to tell you about their symptoms, which can result in a delay in responding to their illness. It is important to watch carefully for the signs and symptoms of flu or unusual behavior that may be a sign your child is sick. Symptoms of flu include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. Some people may also have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.

Q. What fever-reducing medications can children and staff take when sick?

Fever-reducing medications are medicines that contain acetaminophen (such as Tylenol®) or ibuprofen (such as Motrin®). These medicines can be given to people who are sick with flu to help bring their fever down and relieve their pain. Aspirin (acetylsalicylic acid) **should not** be given to anyone younger than 18 years of age who has the flu; this can cause a rare but serious illness called Reye's syndrome.

Early childhood programs should not give a child any medicines without a parent's approval. Training should be provided to any staff who provide medicines to children.

Q. How do I know when a child needs to be seen by a health care provider?

Watch for emergency warning signs that need urgent medical attention. These warning signs include one or more of the following:

- ▶ fast breathing, trouble breathing, shortness of breath, or stopping breathing;
- ▶ bluish, purplish, or gray skin color especially around the lips and the inside of the mouth, or around the nails;
- ▶ not drinking enough fluids, refusing to drink;
- ▶ not urinating, decreased number of wet diapers, or no tears when crying;
- ▶ severe or persistent vomiting;
- ▶ not waking up or not interacting (e.g., unusually quiet and inactive, no interest in playing, no interest in favorite toy);
- ▶ being so irritable that the child does not want to be held, or cannot be consoled;
- ▶ pain or pressure in the chest or stomach;
- ▶ sudden dizziness;
- ▶ confusion; and
- ▶ flu-like symptoms improve but then return with fever and worse cough.

Steps Early childhood Programs Can Take to Prevent the Spread of Flu under More Severe Flu Conditions

Q. How will early childhood programs know if the flu is more severe and they should consider taking additional action steps?

CDC, state and local health departments, and other public health partners will continue to monitor the spread of flu, the severity of the illness it's causing, and whether the virus is changing. State and local health departments will also be on the lookout for increases in severe illness in their areas and will provide guidance to their communities. Early childhood programs should work closely with state and local public health officials to guide their flu response. Public health agencies will communicate changes in severity and the extent of flu-like illness to ensure that early childhood programs have the information they need to choose the right steps to reduce the impact of flu.

Q. What additional steps should early childhood programs take to keep students and staff from getting sick in the event that the flu becomes more severe?

If flu conditions become more severe, CDC may recommend the following additional strategies and actions for early childhood programs:

- ▶ Permit children and staff at higher risk of complications from flu to stay home while there is a lot of flu in the community. Staff and parents should talk with their healthcare providers before making this decision.
- ▶ Explore innovative ways to increase social distances between children. For example, dividing classes into smaller groups (for example, groups of 6 or fewer children) and keeping them with a consistent early childhood program provider.
- ▶ Request that children who live with people who have flu-like illness stay home for 5 days from the day the first household member got sick.
- ▶ Let staff and parents of children who are sick know that if they are sick, they should stay home for at least 7 days, even if symptoms go away sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- ▶ Consider closing the early childhood program. Early childhood programs should work closely with their local and state public health officials when deciding whether or not to close the program. If the decision is made to close the early childhood program, CDC recommends doing so for at least 5–7 calendar days.

Q. What can early childhood programs do to increase social distance during a more severe flu outbreak?

Early childhood program providers should think creatively about ways to increase the space between children. Not every method will be feasible for all early childhood programs. However, it is important to consider options for social distancing if early childhood programs remain open.

Options include:

- ▶ avoiding bringing groups of children from different classes together,
- ▶ keeping children with the same small group and same provider(s),
- ▶ postponing trips that bring children together from multiple classrooms in large, densely-packed groups,
- ▶ holding activities outdoors,
- ▶ dividing classes into smaller groups (for example, groups of 6 or fewer children),
- ▶ moving play areas farther apart, and
- ▶ moving groups of children to larger spaces, when available, to allow more space between children.

Q. What are the different types of early childhood program closures?

Early childhood programs should work closely with local public health officials to decide if the early childhood program should be closed temporarily. There are three types of early childhood program closures:

- ▶ **Selective closure** is used when flu conditions are similar to the spring/summer 2009 and flu transmission is high. Some communities or early childhood programs may consider temporary closures to help decrease the spread of flu among children less than 5 years of age.
- ▶ **Reactive closure** is used when flu conditions are more severe compared to spring/summer 2009 and many staff and children are sick and are not coming to the early childhood program, or many children and staff are arriving at the early childhood program sick and are being sent home. The early childhood program may close because it is unable to operate under these conditions. Smaller home-based programs will be more likely than center-based programs to have a reactive closure because they have fewer staff available if some become ill.
- ▶ **Preemptive closure** is used early during a flu response in a community when flu conditions are more severe compared to spring/summer 2009. The goal is to decrease the spread of the flu before many children and staff get sick. This is based on information about the spread of **severe flu** in the region. This type of closure is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

Q. What steps are recommended to resume early childhood programs after closure?

The length of time an early childhood program should be closed will vary depending on the type of closure that is selected and the severity and extent of illness. When the decision is made to close early childhood programs, CDC recommends doing so for 5 to 7 calendar days.

On a regular basis (for example, weekly) local health officials should reassess the spread of the disease, the benefits of keeping children home, and the impact of early childhood program closure. This information will help inform the decision to extend the closure or to reopen early childhood programs.

Q. What options exist for parents if an early childhood program is closed?

Parents should make plans for alternate child care in case their usual early childhood programs are closed. Alternate child care may include care by relatives, neighbors, co-workers or friends. Parents should check with their employers to find out if they can be allowed to work from home or to have different work hours to be able to stay home and take care of their children. Temporary alternate child care should keep the child in small groups (for example, groups with 6 or fewer children). Parents should check with community groups on ways they can support emergency child care needs and plans if child care programs close during a severe flu outbreak.

**Fact Sheet for
Early Childhood
Program Providers**

Action Steps for Child Care and Early Childhood Program Providers to Prevent the Spread of Flu

Take the following steps to help keep children and staff from getting sick with flu. These steps should be followed **ALL** the time and not only during a flu pandemic.

- ▶ **Encourage all early childhood program staff to get vaccinated** for seasonal flu and 2009 H1N1 flu in accordance with CDC recommendations when vaccines become available. Most staff who work in early childhood programs are in a priority group for vaccination against 2009 H1N1 flu when it becomes available. Information about 2009 H1N1 flu vaccination can be found at: www.cdc.gov/h1n1flu/vaccination. Information about seasonal flu vaccine can be found at: www.cdc.gov/flu/protect/keyfacts.htm.
- ▶ **Educate and encourage staff and children to cover their mouth and nose with a tissue when they cough or sneeze.** Also, provide easy access to tissues and trash cans. Have program staff teach children to cover coughs or sneezes using their elbow instead of their hand when a tissue is not available. Teach children to throw tissues away after use.
- ▶ **Remind staff and children to practice good hand hygiene** and provide the time and supplies for them to wash their hands as often as necessary. Have them help children wash their hands properly and frequently.
- ▶ **Remind staff to stay home and parents to keep a sick child at home when they have flu-like symptoms.** Symptoms of seasonal flu and 2009 H1N1 flu include fever or chills *and* cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, and vomiting. Sick children and staff should stay at home until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) or signs and symptoms of a fever (has chills, feels very warm to the touch, has a flushed appearance, or is sweating) without the use of fever-reducing medicine.
- ▶ **Perform a daily health check of children** and make sure that contact information for parents is up-to-date so they can be contacted if they need to pick up their sick child. Special attention should be paid to younger children and those with limitations or delays in communication skills since they may not be able to communicate their symptoms.
- ▶ **Move sick children or staff to a separate, but supervised, space** until their parents can take them home. Limit the number of staff who take care of sick people.



- ▶ ***Send sick staff home immediately*** and advise them not to return until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine).
- ▶ ***Routinely clean surfaces and items that children frequently touch*** with their hands, mouths, and body fluids, such as toys, diaper stations, chairs, or playground equipment. Wipe these surfaces with a household disinfectant that is usually used, following the directions on the product label. Additional disinfection of these surfaces beyond routine cleaning is not recommended.
- ▶ ***Encourage early medical evaluation for children and staff*** at higher risk of complications from flu. Children under 5 years of age and people with certain chronic health conditions are at a higher risk of flu complications and will benefit from early treatment with antiviral medicines if they are sick with flu.
- ▶ ***Consider temporarily closing the early childhood program if flu transmission is high in the community.*** Work closely with local public health officials to decide if the program should close temporarily to decrease the spread of flu.

If the flu conditions become MORE severe, early childhood programs should consider adding the following steps.

- ▶ ***Inform sick children and staff that they should stay home for at least 7 days,*** even if they feel better before then. Those who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- ▶ ***Allow children and staff at higher risk for flu complications to stay home*** while there is flu in the community.
- ▶ ***Request that children who live in a household with people who have flu-like illness stay home*** for 5 days from the day the first household member got sick.
- ▶ ***Find ways to increase social distances*** (the space between people) in child care programs by dividing classes into smaller groups, moving play stations farther apart, and holding classes and activities outdoors.
- ▶ ***Consider temporarily closing the program*** if the number of staff and children staying home makes it difficult for the child care program to operate or if local health officials recommend temporarily closing early childhood programs to decrease the spread of flu in your community. Work closely with your local public health officials to make this decision.

Follow these steps to prepare for the 2009-2010 flu season:

- ▶ Review and revise existing pandemic flu and crisis plans.
- ▶ Update parent contact information so they can be contacted quickly if they need to pick up their sick child.
- ▶ Identify and establish points of contact with the local public health agency.
- ▶ Develop a plan to cover key staff positions when staff stay home because they are sick or caring for family members.
- ▶ Encourage parents to develop alternate child care plans if the program must close temporarily. Parents should be encouraged to contact family members, or develop buddy arrangements with neighbors, friends, co-workers, or church groups to develop safe backup child care alternatives.
- ▶ Help families and communities understand the important roles they can play in reducing the spread of flu in early childhood programs.
- ▶ Set up a separate, but supervised, space for care of sick children or staff until they can be sent home.
- ▶ Display and distribute educational materials to encourage hand hygiene and respiratory etiquette.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

**Fact Sheets to
Inform Parents**

Action Steps for Parents to Protect Your Child and Family during the 2009-2010 Flu Season

The Centers for Disease Control and Prevention (CDC) recommends four main ways you and your family may keep from getting sick with the flu at early childhood programs or at home:

1. **Get your children vaccinated** for seasonal flu and 2009 H1N1 flu when vaccines are available. Parents and caregivers of children less than 6 months of age should also get vaccinated for seasonal flu and 2009 H1N1 flu because these children are at higher risk for flu complications and are too young to be vaccinated.
2. **Stay home if you or your child is sick** for at least 24 hours after there is no longer a fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) or signs of a fever (chills, feel very warm, flushed appearance, or sweating). Keeping sick children at home means that they keep their viruses to themselves rather than sharing them with others.
3. **Practice good hand hygiene** by washing your hands often with soap and water, especially after coughing or sneezing. Parents and child care providers should wash the hands of children who cannot yet wash themselves, and closely monitor children who have not yet mastered proper hand hygiene.
4. **Cover your mouth and nose** with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder; not into your hands. Teach your children how to do this.

If flu conditions become MORE severe:

- ▶ Decisions about the length of time staff and children with flu-like symptoms should stay home will be made by local public health officials based on the flu conditions in a particular area.
 - If a decision is made to extend the time sick people should stay home, **parents should keep their children at home for at least 7 days**, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have completely gone away.
 - **If a household member is sick, keep all children in the household home from school and early childhood programs for 5 days** from the time the first person in the household became sick. Parents should monitor themselves and their children for fever and other symptoms of the flu.



Follow these steps to prepare for the flu during the 2009-2010 flu season:

- ▶ Plan for child care at home if your child gets sick, your usual early childhood program closes, or school is dismissed. Check with your employer to find out if you can stay at home to care for your children, work from home, or set up a flexible work schedule. If this is not possible, find other ways to care for your children at home (such as care by relatives, neighbors, co-workers, or friends).
- ▶ Plan to monitor the health of your children and others in the household by checking for fever and other symptoms of flu.
- ▶ Identify if you have children who are at higher risk of serious disease from the flu and talk to your healthcare provider about a plan to protect them during the flu season. Children at higher risk of serious disease from the flu include: children under 5 years of age and children with certain chronic medical conditions, such as asthma and diabetes.
- ▶ Update emergency contact lists.
- ▶ Collect games, books, DVDs and other items to keep your family entertained if early childhood programs are closed, school is dismissed, or your child is sick and must stay home.
- ▶ Talk to your early childhood program and school about their pandemic or emergency plan.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

Action Steps for Parents of Children at Higher Risk for Flu Complications

Children with chronic health problems such as asthma, diabetes, heart disease, metabolic conditions, neurologic and neuromuscular disorders, and pregnant women are at higher risk of having complications from flu. In addition, all children younger than 5 years old are at higher risk of flu complications compared to older children. If you are not sure if any of your children are at higher risk for flu complications, please check with a doctor.

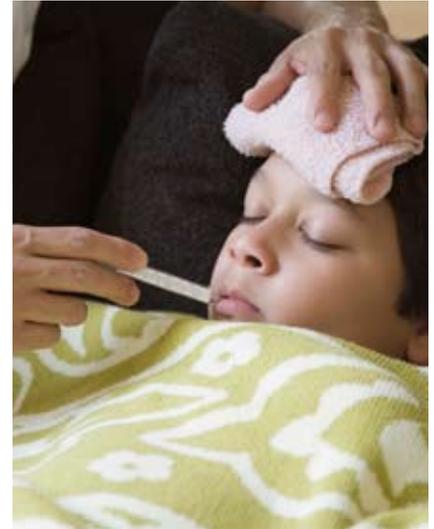
Keep children at higher risk for flu complications from getting sick with the flu

- ▶ **Make sure your child's hands are washed often** – or help your younger child wash them – for 20 seconds with soap and water. If soap and water are not available, use an alcohol based hand cleaner. Alcohol-based hand cleaners can be toxic if swallowed, so keep them in a place that only you can access when you need to use it.
- ▶ Have your child **cough and sneeze into a tissue** or into his or her elbow or shoulder if a tissue is not available. Make sure your child throws tissues away right after use and washes his or her hands.
- ▶ **Keep your child away from people who are sick.**
- ▶ **Clean surfaces and objects that your child frequently touches.** Wipe these surfaces with a household disinfectant that is usually used, following the directions on the product label. Additional disinfection of these surfaces beyond routine cleaning is not recommended.
- ▶ When there is flu in your community, consider your child's risk of exposure if they attend public gatherings. In communities with a lot of flu, **people who are at risk of complications from flu should consider staying away from public gatherings** such as sporting events and concerts.
- ▶ If flu is severe in your community, talk to your doctor and child's school or early childhood program to **develop a plan on how to handle your child's special needs.**
- ▶ **Get your children over the age of 6 months vaccinated** for seasonal flu and 2009 H1N1 flu when vaccines are available.



Recognize if your children are sick

Some children may not be able to tell you about their symptoms, which can result in a delay in responding to their illness. It is important to watch carefully for the signs and symptoms of flu or unusual behavior that may be a sign your child is sick. Symptoms of flu include fever or chills *and* cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, and vomiting. A fever is a temperature measured by mouth with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). If you are not able to measure a temperature, signs and symptoms that may indicate your child has a fever include chills, feeling very warm to the touch, having a flushed appearance, or sweating.



Watch for emergency warning signs that need urgent medical attention.

These warning signs include one or more of the following:

- fast breathing, trouble breathing, shortness of breath, or stopping breathing;
- bluish, purplish, or gray skin color especially around the lips and the inside of the mouth, or around the nails;
- not drinking enough fluids, refusing to drink;
- not urinating, decreased number of wet diapers, or no tears when crying;
- severe or persistent vomiting;
- not waking up or not interacting (e.g. unusually quiet and inactive, no interest in playing, no interest in favorite toy);
- being so irritable that the child does not want to be held, or cannot be consoled;
- pain or pressure in the chest or stomach;
- sudden dizziness;
- confusion; and
- flu-like symptoms improve but then return with fever and worse cough.

Please share this information with your child's teacher or other caregivers, so they can tell you if they notice your child is not feeling well.

Tips for taking care of high risk children with the flu

- ▶ **Contact your doctor immediately if your child is sick.** This is important because the antiviral medicines used to treat flu work best when started within the first 2 days of getting sick. Your doctor will tell you what special care is needed for your child.
- ▶ **Keep your sick child at home** until at least 24 hours after your child no longer has a fever or signs of a fever (without the use of a fever-reducing medicine). Keep your child home unless they need to go to the doctor. **Make sure your child gets plenty of rest and drinks clear fluids** (such as water, broth, sports drinks) to prevent dehydration. For infants, use electrolyte drinks such as Pedialyte®.
- ▶ **If your child has a fever, use fever-reducing medicines that your doctor** recommends based on your child's age. Aspirin (acetylsalicylic acid) **should not** be given to children or teenagers; this can cause a rare but serious illness called Reye's syndrome.
- ▶ **Keep your sick child in a separate room** (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for the sick child.



Additional information about caring for sick household members can be found at www.cdc.gov/h1n1flu/guidance_homecare.htm.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

Action Steps for Parents if Child Care or Early Childhood Programs are Closed or Children are Sick and Must Stay Home

- ▶ Have activities for your children to do while at home. Pull together games, books, DVDs and other items to keep your family entertained.
- ▶ Find out if your employer will allow you to stay at home to care for sick household members or children whose early childhood programs have closed. Ask if you can work from home. If this is not possible, find other ways to care for your children at home.
- ▶ Try to develop safe backup child care arrangements with neighbors, friends, co-workers, or church groups. These should consist of small groups of children (for example, groups with 6 or fewer children) and have a stable child care provider.
- ▶ Get children from 6 months to 5 years of age vaccinated for seasonal flu and 2009 H1N1 flu when vaccines become available. Infants younger than 6 months of age are particularly vulnerable to flu because they are too young to be vaccinated. All persons (including parents) who live with and care for a child less than 6 months old should be vaccinated against both seasonal and 2009 H1N1 flu. Vaccines should be considered for anyone who is at higher risk for complications from seasonal flu or 2009 H1N1 flu.

Tips for taking care of children (and other household members) with the flu

- ▶ **Stay home if you or your child is sick** until at least 24 hours after there is no longer a fever or signs of a fever (without the use of a fever-reducing medicine). Keeping sick children at home means that they keep their viruses to themselves rather than sharing them with others. Sick people should stay home even if they are taking antiviral medicines.
- ▶ **Cover coughs and sneezes. Clean hands with soap and water** often and especially after coughing or sneezing. If soap and water are not available, and hands are not visibly dirty, you can use alcohol-based hand cleaners.
- ▶ **Keep sick household members in a separate room** (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for sick people.
- ▶ **Monitor the health of the sick child and any other household members** by checking for fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) and other symptoms of flu. Symptoms of flu include fever or chills *and* cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, and vomiting.
- ▶ **Watch for emergency warning signs** that need urgent medical attention. These warning signs include one or more of the following:
 - fast breathing, trouble breathing, shortness of breath, or stopping breathing;
 - bluish, purplish, or gray skin color especially around the lips and the inside of the mouth, or around the nails;



- not drinking enough fluids, refusing to drink;
 - not urinating, decreased number of wet diapers, or no tears when crying;
 - severe or persistent vomiting;
 - not waking up or not interacting (e.g., unusually quiet and inactive, no interest in playing, no interest in favorite toy);
 - being so irritable that the child does not want to be held, or cannot be consoled;
 - pain or pressure in the chest or stomach;
 - sudden dizziness;
 - confusion; and
 - flu-like symptoms improve but then return with fever and worse cough.
- ▶ **Check with your doctor about any special care** needed for household members who may be at higher risk for complications from flu. This includes children younger than 5 years of age, pregnant women, people of any age who have certain chronic medical conditions (such as asthma, diabetes, or heart disease), and people age 65 years and older.
 - ▶ **Have the sick household member wear a facemask** – if available and tolerable – when sharing common spaces with other household members to help prevent spreading the virus to others. This is especially important if other household members are at high risk for complications from flu.
 - ▶ **Ask your doctor about antiviral medicines or fever-reducing medicines** for sick household members. Do not give aspirin to children or teenagers; it can cause a rare but serious illness called Reye’s syndrome.
 - ▶ **Make sure sick household members get plenty of rest and drink clear fluids** (such as water, broth, sports drinks) to prevent dehydration. For infants, use electrolyte drinks such as Pedialyte®.

If your health department says that flu conditions have become more severe

- ▶ **Extend the time sick children stay home** for at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after their symptoms have gone away.
- ▶ **If a household member is sick, keep any school-aged brothers or sisters and children in child care or early childhood programs home** for 5 days from the time the first household member became sick. Parents should monitor themselves and their children for fever and other symptoms of the flu.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

Stop! Do You Feel Sick?
Poster

Do you feel sick?



**You may have the flu if you have fever or chills
AND
a cough or sore throat**

**You may also have a runny nose, body aches,
a headache, tiredness, diarrhea, or vomiting**

**If you think your child has the flu,
keep your child at home,
except to get medical care.**

**For more information visit www.flu.gov
or call 1 (800) CDC-INFO (232-4636)**



**Template Letters
(or E-mails) to
Send to Parents**

If Your Child is Not Feeling Well

- ▶ *This template can be customized and used as an announcement via e-mail, Web site, child care or early childhood program newsletter, or other creative ways to reach parents and early childhood program staff.*
- ▶ *Coordinate efforts with your local health department before distributing this letter or e-mail communication to ensure that all information is timely, relevant, and accurate.*

If your child is not feeling well ...

- ▶ **Watch carefully for signs and symptoms of flu.** Some children may not be able to tell you about their symptoms, which can delay your response to their illness. Symptoms of flu include fever or chills *and* cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, or vomiting.

A fever is a temperature measured by mouth with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). If you are not able to measure a temperature, signs and symptoms that may indicate your child has a fever include chills, feeling very warm to the touch, having a flushed appearance, or sweating.

- ▶ **Watch for emergency warning signs that need urgent medical attention.** These warning signs include one or more of the following:
 - fast breathing, trouble breathing, shortness of breath, or no longer breathing;
 - bluish, purplish, or gray skin color especially around the lips and the inside of the mouth, or around the nails;
 - not drinking enough fluids, refusing to drink;
 - not urinating, decreased number of wet diapers, or no tears when crying;
 - severe or persistent vomiting;
 - not waking up or not interacting (e.g., unusually quiet and inactive, no interest in playing, no interest in favorite toy);
 - being so irritable that the child does not want to be held, or cannot be consoled;
 - pain or pressure in the chest or stomach;
 - sudden dizziness;
 - confusion; and
 - flu-like symptoms improve but then return with fever and worse cough.
- ▶ **Stay home if you or your child is sick with the flu** until at least 24 hours after there is no longer a fever or signs of a fever (without the use of fever-reducing medicine). Children and teenagers *should not* be given aspirin (acetylsalicylic acid); this can cause a rare but serious illness called Reye's syndrome.
- ▶ **Make sure your child gets plenty of rest and drinks clear fluids** (such as water, broth, sports drinks) to prevent dehydration. For infants, use electrolyte beverages such as Pedialyte®.
- ▶ **Contact your doctor immediately if a child younger than 5 years of age is sick.** This is important because the antiviral medicines used to treat flu work best when started within the first 2 days of getting sick. Your doctor will tell you what special care is needed for your child.

To protect other family members ...

- ▶ **Make sure your child's hands are washed often, and especially after coughing or sneezing.** Help your younger child wash them for 20 seconds with soap and water. If soap and water are not available, you can use an alcohol-based hand cleaner.
- ▶ Have your child **cough and sneeze into a tissue** or into his or her elbow or shoulder if a tissue is not available. Make sure your child throws tissues away right after use.
- ▶ **Clean surfaces and objects that your child frequently touches** with his or her hands, mouth, or body fluids. Wipe these surfaces with a household disinfectant that is usually used, following the directions on the product label. Additional disinfection of these surfaces beyond routine cleaning is not recommended.
- ▶ **Keep your sick child in a separate room** (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for the sick child.
- ▶ **Get your family vaccinated** for seasonal flu and 2009 H1N1 flu according to CDC recommendations when vaccines become available.

For more information about flu, call 1-800-CDC-INFO or visit www.flu.gov.

Steps the Child Care or Early Childhood Program is Taking Now

- ▶ *This template can be customized and used as an announcement via e-mail, Web site, program newsletter, or other creative ways to reach parents and program staff.*
- ▶ *Coordinate efforts with your local health department before distributing this letter or e-mail communication to ensure that all information is timely, relevant, and accurate.*

Steps the Program is Taking Now

At this time, program staff and children who are NOT sick can safely come to the early childhood program. We are working closely with the [county/city] health department and will keep you updated with any important information regarding the current flu conditions.

The following steps are being taken at our program to help keep children and staff from getting sick with flu.

- ▶ **Encouraging our staff to get vaccinated for seasonal flu and 2009 H1N1 flu** (if recommended) when vaccines become available.
- ▶ **Encouraging parents to have children (6 months of age and older) vaccinated** for seasonal flu and H1N1, when the vaccines become available. Children under the age of 5 years are at higher risk for flu complications.
- ▶ **Child care providers are educated and encouraged to cover their mouth and nose with a tissue when they cough or sneeze**, and are teaching children how to do the same.
- ▶ **Child care providers are practicing good hand hygiene** and we are providing the time and supplies for staff and children to wash their hands as often as necessary. Our staff is actively helping children wash their hands frequently.
- ▶ **We are performing a daily health check of children and staff when they arrive at the child care program.** Please make sure your contact information is up-to-date so we can contact you to pick up your child if he or she becomes sick.
- ▶ **If children or staff have flu-like symptoms, they are kept in a separate, but supervised, space** until they can go home. We are also limiting the number of staff who takes care of sick children.
- ▶ **We are asking parents and staff to keep themselves and children home if they have flu-like illness.** They should stay home until at least 24 hours after they are free of fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth), or signs of a fever (chills, feeling very warm, a flushed appearance, or sweating). This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen).
- ▶ **We are frequently cleaning surfaces and items** that children touch with their hands, mouths, and body fluids such as toys, diaper stations, chairs, or playground equipment.
- ▶ **We may decide to temporarily close the program if there is a lot of flu in the community.** Please consider alternate child care arrangements in case we need to close temporarily. Check with your employer to find out if they will allow you to stay at home to care for your children. Ask if you can work from home. If this is not possible, start planning for other ways to care for your children at home.

If the flu conditions become MORE severe, we will consider adding the following steps:

- ▶ **Extending the time sick children or child care providers stay home** to at least 7 days, even if they feel better. Those who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- ▶ **Allowing children and staff at higher risk for flu complications to stay home.** Parents and staff should make this decision in consultation with their health care provider.
- ▶ **Finding ways to increase social distances** (the space between people) in our program by dividing classes into smaller groups, moving play stations farther apart, and holding classes outdoors, weather permitting.
- ▶ **Considering temporarily closing the program** if we are unable to continue to operate because many staff and children are at home or if the CDC or our health department asks us to close to help decrease the spread of flu in our community.

For more information about flu, call 1-800-CDC-INFO or visit www.flu.gov.

Child Care or Early Childhood Program is Suspended

- ▶ *This template can be customized and used as an announcement via e-mail, Web site, child care program newsletter, or other creative ways to reach parents and child care providers.*
- ▶ *Coordinate efforts with your local health department before distributing this letter or e-mail communication to ensure that all information is timely, relevant, and accurate.*

[Child care or the early childhood program] at [name of program] has been suspended as a result of severe flu in the area. Children and staff should not report to the program.

We have been working closely with the [county/city] health department to determine the current flu conditions in our community. The program will be closed for [5-7] days to reduce the risk of children and child care providers getting sick and to limit the spread of infection.

- ▶ Early childhood program closure is likely to decrease the spread of flu when used early when the flu appears in the community and when used together with other strategies.
- ▶ Parents should find out if their employer will allow them to stay at home to care for children whose child care or early childhood programs have closed. Ask if you can work from home.
- ▶ Find other ways to care for your children at home. Try to develop safe backup child care arrangements with neighbors, friends, co-workers, or church groups. These should consist of small groups of children (for example, groups of 6 or fewer children) and have a stable child care provider. See www.cdc.gov/germstopper/home_work_school.htm for more information on these prevention practices.

We will provide updates on the closure of *[name of program]*. Call *[phone number]* or visit our Web site *[if program has a Web site, insert Web address]* for more information.

For more information about flu, call 1-800-CDC-INFO or visit www.flu.gov.

Child Care or Early Childhood Program has Re-Opened

- ▶ *This template can be customized and used as an announcement via e-mail, Web site, program newsletter, or other creative ways to reach parents and program staff.*
- ▶ *Coordinate efforts with your local health department before distributing this letter or e-mail communication to ensure that all information is timely, relevant, and accurate.*

[Name of program] services will resume on [date].

Even though children and staff can return to the facility, the flu is still spreading in the community and you can take important steps to continue to help slow the spread of flu.

- ▶ **Continue to wash your hands often with soap and water**, especially after coughing or sneezing. If soap and water are not available, alcohol-based hand cleaners can also be used. Parents and child care providers should wash the hands of children who cannot yet wash themselves, and closely monitor children who have not yet mastered proper hand hygiene.
- ▶ **Cover your mouth and nose with a tissue when you cough or sneeze.** If you don't have a tissue, cough or sneeze into your elbow or shoulder; not into your hands. Teach your children how to do this.
- ▶ **If a child or member of the program staff is sick they should stay home until at least 24 hours after they are free of fever** (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth), or signs of a fever (chills, feeling very warm, a flushed appearance, or sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). *[This bullet may need to be adapted if decisions are made with your local public health officials to extend the amount of time that sick people stay home.]*

Our program will continue to conduct daily health checks of children and staff and will send sick children and staff home.

For program updates, call *[phone number]*, or visit our Web site at *[web address]*.

For more information about flu, call 1-800-CDC-INFO or visit www.flu.gov.

**Additional Communication
Resources for Child Care and
Early Childhood Programs**

Additional Communication Resources for Child Care and Early Childhood Programs

CDC CDC Posters about Flu Prevention for Child Care and Early Childhood Programs

Use the following posters and fact sheets in your offices, play areas, hallways, break rooms, and restrooms to educate child care and early childhood program staff and families about ways to prevent the spread of flu. Consider providing posters and flyers to parents.

www.cdc.gov/germstopper/materials.htm (available in different sizes and languages)

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze.



or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.



Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds



or clean with alcohol-based hand cleaner.




USE A TISSUE

BE A GERM STOPPER.



COVER MOUTH AND NOSE



CLEAN HANDS

Cover Coughs and Sneezes. Clean Hands.
Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot

- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the "Happy Birthday" song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!

Stop germs. And stop colds and flu.



www.cdc.gov/germstopper

Other Posters about Flu Prevention for Child Care and Early Childhood Programs

www.publichealth.va.gov/flu/materials (includes other posters, brochures, buttons, stickers, and other materials)



CDC Fact Sheets, Brochures, and Flyers about Flu Prevention for Child Care and Early Childhood Programs and Parents

Stopping Germs at Home, Work and School

www.cdc.gov/germstopper/home_work_school.htm (available in English and other languages)

2009 H1N1 Flu: Flyers & Other Print Materials

www.cdc.gov/h1n1flu/flyers.htm (includes brochures, flyers, fact sheets, and other materials about 2009 H1N1 flu and seasonal flu)

Seasonal and Novel H1N1 Flu: A Guide for Parents

www.cdc.gov/flu/professionals/flugallery/2009-10/parents_guide.htm

Widgets

A widget is an application that displays the featured content directly on your Web page. Once you've added the widget to your Web site, there's no maintenance. When CDC.gov updates content, your site will be updated automatically. You will have up-to-date, credible health information on your Web page.

You can easily add a CDC widget to your Web page. Use CDC widgets to keep your students, faculty, and staff informed about flu. When they click on the widget, your Web page displays the featured, up-to-date content.

CDC's flu widgets are available at www.cdc.gov/widgets. For more CDC social media tools, go to: www.cdc.gov/socialmedia/h1n1.

Flu.gov widgets are available at www.hhs.gov/web/library/hhsfluwidgets.html. For more Flu.gov social media tools, go to www.flu.gov/news/socialmedia.

Sample Widgets



